

Oregon State Board of Nursing: Interpretive Statement

Nursing Practice Hour Requirement for the Registered Nurse and Licensed Practical Nurse

Statement of Purpose

The purpose of this interpretive statement is to assist licensure renewal and endorsement applicants to determine whether work completed during employment hours, volunteer hours, or with a family member or friend may be counted as hours in the practice of nursing for the purpose of Oregon nursing licensure renewal.

Background/Significance

The Oregon State Board of Nursing ensures that every applicant who seeks nursing licensure in this state meets minimum standards of education, competency and background checks prior to licensure. For the applicant seeking licensure renewal, or seeking licensure endorsement into Oregon, the minimum competency standards is the accrual of 400 hours of nursing practice, commensurate with the type of nursing license sought, within the two years immediately preceding application.

Board Statement

The Board acknowledges that nursing practice occurs in a variety of settings. It is not the setting, job title, hours spent on the job, or reimbursement for services that makes a role nursing practice; it is the application of the body of nursing knowledge and the individual licensee's engagement in actions and behaviors that demonstrate the practice of nursing as defined by ORS 678.010(7)(a):

“Practice of nursing means autonomous and collaborative care of persons of all ages, families, groups and communities, sick and well, and in all settings to promote health and safety, including prevention and treatment of illness and management of changes throughout a person's life.”

The Board asserts the following:

1. Nursing practice hours may be accrued in a paid or volunteer practice role.
2. Practice hours are based on the application of nursing knowledge through engagement in nursing process.
3. The burden of proof that activities meet the practice hour requirement remains with the applicant.
4. The Board has the authority to validate practice hours through an audit process. The Board will consider the following elements when auditing applicants for adherence to licensure practice hour requirements:
 - a) Are the documented activities within the statutory definition of the practice of nursing?
 - b) Are the documented activities consistent with and within the scope of practice for the licensure type for which application for licensure is sought?
 - c) Do the documented activities require application of the knowledge, skill, ability, ethical principle, and clinical reasoning gained from nursing education?
 - d) Does the RN's documentation demonstrate adherence to RN standards and scope of nursing practice as codified in Division 45 of the NPA? Can the RN describe application of the standards to their practice?
 - e) For the LPN, is there retrievable evidence of clinical direction of LPN practice?
 - f) Does the LPN's documentation demonstrate adherence to LPN standards and scope of nursing practice as codified in Division 45 of the NPA? Can the LPN describe application of the standards to practice?
 - g) For RN practice with a family member or friend, does the RN's documentation demonstrate

Oregon State Board of Nursing: Interpretive Statement

engagement in nursing process?

- h) For LPN practice with a family member or friend, is their retrievable evidence of clinical direction of the LPN's practice by an RN or by a licensed independent practitioner (LIP)? Does the LPN's documentation demonstrate engagement in nursing process?

Documentation

The licensee is responsible to maintain documentation that quantifies practice hours accrued and that demonstrates nursing practice while accruing practice hours. This applies to both paid and volunteer practice. A licensee's documentation of either will vary based on their practice environment and practice role.

Documentation of nursing practice hours accrued may be quantified in a variety of ways. Some examples include:

- Documentation of the dates and hours of practice.
- Employment contracts with specified dates/hours.
- Pay stubs.
- Work or volunteer schedules demonstrating assigned hours or shifts.

Documentation of the work performed when accruing practice hours may be accomplished in a variety of ways. Some examples include:

- Position Description (paid or volunteer).
- Listing of job duties and responsibilities.
- Summary of job activities.
- Professional services contract identifying nursing practice work deliverables.

Examples of documentation of engagement in nursing practice for the self-employed licensee might include:

- Documents memorializing nursing practice implementation (i.e., engagement in nursing process) with clientele.
- Work products such as nursing policies and procedures; learner needs assessments, teaching plans and associated materials; nursing consultant reports demonstrating nursing process; authorship of professional papers or books, etc.

Important information concerning documentation of LPN nursing practice: The LPN is responsible to maintain documentation demonstrating that their nursing practice has occurred under the clinical direction of an RN or under the clinical direction of a LIP such as a nurse practitioner, medical doctor, or dentist. There is no legal authority for an LPN to engage in nursing practice (or accrue nursing practice hours) outside of clinical direction by an RN or LIP. An LPN's documentation of nursing practice will vary based on practice environment. Some examples include:

- Position Description.
- Organizational chart showing LPN.
- LPN practice policies.
- RN-authored plan of care directing the LPN's nursing practice activities; evidence of RN and LPN communication regarding the LPN's implementation of plan of care interventions; and LPN's documentation of their interaction with the client (e.g., focused assessment, focused plan of care, interventions provided, etc.).

Oregon State Board of Nursing: Interpretive Statement

Continuing Clinical Education Post Licensure

A licensee may count post-licensure continuing education that includes specific clinical application of nursing knowledge as practice hours. Examples include clinical nursing courses taken as part of a RN-BSN program and precepted clinical experiences associated with a specialty nursing certification (such as for Wound, Ostomy and Continence certification courses). Documentation of the experience may include:

- College transcripts and course syllabi.
- Clinical preceptor log sheets.
- Certificates of completion.

Dual Licensure in a Discipline Outside of Nursing

When a Board licensee holds a separate license in a discipline outside of nursing, this is referred to as dual licensure. The licensee with dual licensure is responsible to differentiate their nursing practice from activities that fall under the jurisdiction of the secondary license and under the authority of a separate health licensing Board. The nurse with dual licensure cannot attest to work completed in a discipline outside of nursing as nursing practice hours.

Preparing for Licensure Renewal

It is the responsibility of the licensee to take appropriate steps to prepare for licensure renewal and complete the required practice hours before the license expiration date. The required 400 nursing practice hours is roughly equivalent to three months of full-time employment.

Frequently Asked Questions

Q: What happens if the nurse does not meet the practice requirement?

A: This question is answered in [Chapter 851-031 Standards for Licensure of Registered Nurses and Licensed Practical Nurses](#).

Q: How does the Board enforce this requirement?

A: Board staff evaluate all licensure applications to verify that all licensure standards have been met and hold audit authority to verify practice hours that are attested to on licensure applications.

Q: What if a licensee does not agree with the decision regarding evaluation of their practice hours?

A: The licensee has contested case rights as outlined in ORS chapter 183 Administrative Procedures Act.

Q: In the event my LPN practice hours are audited, what counts as *retrievable evidence* of my clinically directed LPN practice?

A: Retrievable evidence that can serve to demonstrate a clinically directed LPN practice will vary based on the LPN's practice role and setting. Such evidence might consist of an employer-generated organizational chart that identifies who supervises whom (with license types identified) in their practice of nursing. Such evidence might also include the LPN's job/position description that identifies both LPN practice responsibilities *and* to whom the LPN reports clinically.

In the absence of such evidence, the LPN may be asked to submit documentation of their actual engagement in practical nursing practice. Engagement in practical nursing practice could be demonstrated through the LPN's submission of 1). An RN-authored plan of care, or LIP-authored treatment plan, through which the

Oregon State Board of Nursing: Interpretive Statement

LPN's practice with a client is directed, *and* 2). The LPN's documentation of carrying out interventions/activities identified in the submitted plan. The latter being evidenced by the LPN's focused assessment and focused plan of care for the client, implementation of their focused plan of care, evaluation of client responses, and communication of issues regarding the client and implementation of the plan with the RN or LIP who is providing clinical direction of their practice.

Q: What other helpful tips does the Board have for counting practice hours?

A: As most employers maintain time and attendance records, a nurse could request copies of those records. With volunteer work or other unpaid nursing practice, it behooves the nurse to create a system to document their own time and attendance.

Q: My position requires me to be on-call frequently. Can I count all on-call hours as nursing practice hours?

A: No; hours waiting on-call cannot be counted as practice hours. Only the hours spent engaged in the *practice of nursing* may be counted as nursing practice hours.

References:

- Arizona State Board of Nursing (2016). *Advisory Opinion Dual Profession & Dual Health Care Licensure/Certification*. www.azbn.gov/sites/default/files/advisory-opinions/ao-dual-profession-dual-health-care-licensure_certification.pdf
- Oregon Secretary of State. Oregon Administrative Rules Chapter 851 Division 031 Standards for Licensure of Registered Nurses and Licensed Practical Nurses. <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=16>
- Oregon Secretary of State. Oregon Administrative Rules Chapter 851 Division 45. Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse. <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=16>
- ORS 678.010 - 678.448 Professional Nurses. www.oregonlegislature.gov/bills_laws/ors/ors678.html

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The Oregon State Board of Nursing (OSBN) is authorized by Oregon Revised Statutes Chapter 678 to exercise general supervision over the practice of nursing in Oregon to include regulation of nursing licensure, education, and practice to assure that the citizens of Oregon receive safe and effective care. The OSBN further interprets statute and rule and issues opinions in the form of Policy and Interpretive Statements. These policies and interpretive statements are advisory in nature and issued as guidelines for safe nursing practice.